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# RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR SHORT-DURATION COUNTRY PROGRAMMES IN THE ASIA REGION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes with a duration of three years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below.

| Country/programme | Amount (United States dollars) | | Duration |
|---|---|---|---|
| | General resources | Supplementary funds | |
| Afghanistan | 5 500 000 | - | 1995 |
| Cambodia | 4 280 000 | - | 1994-1995 |
| Mongolia | 2 261 000 | 900 000 | mid-1994-1996 |

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

## I. AFGHANISTAN

Basic data (1992 unless otherwise stated)

| | |
|---|---|
| Child population (millions, 0-15 yrs) | 8.2 |
| U5MR (per 1,000 live births) | 257 |
| IMR (per 1,000 live births) | 165 |
| Underweight (% moderate and severe) | .. |
| Maternal mortality rate (per 100,000 live births) (1989) | 640 |
| Literacy (% male/female) (1990) | 44/14 |
| Primary school enrolment (% net, male/female) (1986) | 25/13 |
| Percentage of grade 1 reaching grade 4 (1988) | 63 |
| Access to safe water (%) (1985) | 29 |
| Access to health services (%) | .. |
| GNP per capita (1987) | $280 |
| One-year-olds fully immunized against: | |
| tuberculosis: | 48 per cent |
| diphtheria/pertussis/tetanus: | 27 per cent |
| measles: | 37 per cent |
| poliomyelitis: | 27 per cent |
| Pregnant women immunized against: | |
| tetanus: | 9 per cent |

The situation of children and women

1. The Afghanistan country programme for the period 1992-1994 was approved in 1992 with a total allocation of $16.5 million from general resources and $20.9 million in supplementary funds (E/ICEF/1992/P/L.23). The Executive Director requests a one-year extension of the current country programme in the amount of $5.5 million from general resources for 1995 to facilitate continuity of the current programme of emergency relief and rehabilitation and to provide an appropriate time-frame for the preparation of the next country programme for submission to the Executive Board in 1995.

2. Since 1992, over 2 million refugees have returned to Afghanistan from Pakistan and the Islamic Republic of Iran, with cessation of fighting in many parts of the country. However, armed conflicts have continued between major parties in and around the capital, Kabul, preventing the return of 3 million additional refugees. Despite temporary cease-fires and accords, central government structures have not been fully re-established, and local communities are struggling to restore the basic elements of social and economic infrastructures. They have few resources, with a major part of existing resources going towards warfare as a result of the continuing instability.

3. Health services in both urban and rural areas are extremely poor, with many buildings damaged or destroyed and equipment looted. Where staff are available, supplies of essential drugs and other items remain limited. Education facilities also have suffered extensive damage and available school materials are severely restricted. The supply of electricity and piped drinking water has been widely disrupted in urban areas. Before 1992, the central Government maintained basic health and education services in urban centres, while externally-supported non-governmental organizations (NGOs) operating from Pakistan assisted many mujahidin groups to establish and run similar services in rural areas under their control. The quantity and quality of urban services have decreased. Instability and fighting, especially in Kabul, have displaced many civil servants, and many professionals have left the country. The withdrawal of external donor support to NGOs also has resulted in drastic cut-backs in rural services.

4. Conditions affecting children in Afghanistan continue to be among the worst in the world. The 1990 infant mortality rate, estimated at 167 per 1,000 births, and under-five mortality rate, estimated at 292 per 1,000 live births, have probably worsened since then. There are no exact figures on the number of children killed by the war. But of the total of 1.5 million persons killed by the fighting since 1979, some 350,000 to 400,000 children are estimated to have died as a result of rockets, shells, mines and other weapons, as well as from direct participation in the fighting and military support services provided by teenage soldiers. Over the past 14 years, it is estimated that 10 times as many children have died from malnutrition and disease - deaths that could have been prevented with simple health interventions. In the absence of major health and other preventive interventions, over 200,000 children under five years of age, already poorly nourished and without access to reasonable health services, may die each year. However, relief, rehabilitation and development efforts supported by the international community can alleviate this situation and encourage a return to normalcy.

5. The situation for women is equally poor and their access to health services is made more difficult by the traditions that prevent them from being treated by male health workers. Given that virtually all health workers are male, particularly in the countryside, women are cut off from most of the services that do exist. Women's access to education also has been very limited. In 1990, female literacy was estimated at only 14 per cent, compared to 31 per cent for men, and primary enrolment of girls was 16 per cent, compared to 31 per cent for boys. A trend towards a more traditional approach to women's role and status has placed further limitations on women's opportunities to assist outside their homes in the redevelopment of their country.

6. Although some schools are open, facilities are very poor and teaching standards low as a result of the lack of trained teachers and the scarcity of teaching materials and basic supplies such as paper, pencils and chalk. Access to education is limited by widespread poverty, and because the task of providing food or earning an income often falls on young children, they are unable to attend school.

7. The enormity of the problems, none the less, does not detract from some positive trends. In 1992, about 2 million people returned from Pakistan and

Iran to their homes, located primarily in rural areas of Afghanistan. Although the rate of return has declined in 1993, about 350,000 to 400,000 have come back, mainly from the Islamic Republic of Iran. In many places, the combination of returning refugees, demining activities, rehabilitation of agriculture and irrigation, is a welcome movement towards normalcy. Many returning refugees also bring to their communities new outlooks such as experience of and demand for health services, including maternal and child health (MCH) care and education, including for girls. There is reason to hope that such trends could form the foundations for longer-term development. United Nations organizations such as the United Nations Development Programme (UNDP), the Food and Agriculture Organization of the United Nations, the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme (WFP), the United Nations Centre for Human Settlements (Habitat), the World Health Organization (WHO) and UNICEF, together with NGOs, have continued to respond to basic humanitarian needs on an emergency basis in many rural and urban areas. However, logistical problems and the limited resources available to the United Nations organizations have restricted the assistance which currently addresses only the immediate needs of some of the people.

Past programme cooperation, 1992-1994

8. UNICEF established provincial offices in Afghanistan in 1992 and has strengthened its capacity to provide emergency assistance to women and children affected by the war and to support local rehabilitation efforts. Despite the temporary relocation to Pakistan of all United Nations international staff in Kabul, it was possible for UNICEF offices in Herat for the Western provinces, Mazar-i-Sharif for the north, Faizabad in the north-east and Jalalabad in the east to expand cooperation with local authorities, including the provision of assistance to displaced persons from Kabul. Key national staff also kept the UNICEF office in Kabul open throughout the fighting in 1992 and 1993, assisting hospital emergency services and providing drinking water for communities and displaced families within the city.

Health

9. Health activities have included emergency repairs; rehabilitation; winter emergency fuel for health facilities; emergency health kits and essential drugs to continue services in hospitals and basic health centres; and supply, logistic, training and operational support for the expanded programme on immunization (EPI) and the control of diarrhoeal diseases (CDD) and acute respiratory infections (ARI).

Education

10. UNICEF has continued to respond to emergency needs for education by providing basic materials such as plastic sheeting and glass for community school repairs; installing hand-pumps and latrines in schools occupied by displaced persons in Mazar and Kabul; and supplying basic classroom and student supplies to 150,000 students.

Water supply and sanitation

11. With the collapse of large-scale drinking water systems in 1992, UNICEF has focused on installing over 500 pumps for urban community wells and on providing basic drinking water and sanitation to schools and health institutions.

Nutrition

12. Malnutrition is widespread, partly as a result of war, returning refugees, economic collapse and a high incidence of infectious diseases. Emergency nutrition activities include feeding programmes, in cooperation with WFP, for the especially vulnerable groups such as orphans and the displaced; provision of K-mix to hospitals for nutrition rehabilitation; and distribution of high-protein biscuits for moderately malnourished children screened during the winter emergency outreach and vaccination activities. Linked to EPI, the administration of vitamin A capsules to children under the age of five years also was supported.

Women's development

13. Previous UNICEF projects for women ceased operation with the change of Government in April 1992. Awareness among officials of the new Government of women's needs and development roles and the necessity to address them is now increasing, and advocacy efforts for direct involvement are being made. UNICEF will continue to promote special projects for education and income generation for the most vulnerable women, especially widows.

Recommended programme cooperation, 1995

Estimated annual expenditure

(In thousands of United States dollars)

| General resources | 1995 |
|---|---|
| Expanded programme on immunization | 1 300 |
| Control of diarrhoeal diseases/acute respiratory infections | 350 |
| Primary health care/maternal and child health | 450 |
| Nutrition | 200 |
| Water supply and sanitation | 500 |
| Education | 550 |
| Women's development | 200 |
| Children in especially difficult circumstances | 250 |
| Emergency preparedness | 600 |
| Programme support | 1 100 |
| Total | 5 500 |

Health

14. Health emergency initiatives will continue in 1994-1995 with increased emphasis on building foundations for longer-term and sustainable improvements in community health. Working with central and local Governments, United Nations agencies and NGOs, UNICEF will support the reformulation of EPI policies and strategies with a focus on fixed centre and community outreach approaches. Interim operational and continuing logistic and supply support will be needed while a new system is put in place, along with training to strengthen managerial capacities. Periodic campaigns, focusing on measles vaccination, will be used to stimulate further expansion of EPI services. A renewed emphasis also will be placed on tetanus toxoid vaccination for girls and women. CDD/oral rehydration therapy (ORT) and ARI projects will continue the training of medical and health personnel and the distribution of oral rehydration salts (ORS) and cotrimoxazole. An increased focus on health education for CDD will include promotion of the use of home fluids and linkages to sanitation and water initiatives. The provision of essential drugs supplies increasingly will be linked to the development of community capacities to manage revolving funds. The training of traditional birth attendants (TBAs) will provide a starting point towards safer motherhood; TBAs will be linked to medical services where they exist and where referral capacities can be strengthened. In cooperation with WHO, malaria protection measures for pregnant women and young children will be integrated with other UNICEF activities in malaria endemic areas.

Education

15. UNICEF assistance for education in 1994-1995 will focus on developing primary education curricula appropriate to local culture for strengthening the following: (a) basic skills for children; (b) upgrading teaching skills through on-the-job training and suitable teaching materials; and (c) short-term training courses, especially for women, to produce increased numbers of female teachers as well as assistance for the development of a longer-term, redesigned primary education curricula appropriate to local culture. Special attention will be given to identify appropriate techniques and methodologies to encourage education for girls within the local Islamic context. Non-formal educational opportunities will be promoted for adults to become literate and to learn important facts for life, especially for women and young men who missed education opportunities because of the prolonged war effort.

Water supply and sanitation

16. In addition to improved repair and maintenance, UNICEF assistance for the installation of hand-pumps and community wells, combined with sanitation, in communities and schools will continue in 1994-1995. Priority will be given to urban peripheral areas, in cooperation with local authorities and NGOs, so as to strengthen local capacities to extend such work to smaller urban centres and rural areas. In cooperation with Habitat, small private-sector, metal-working enterprises also will be encouraged to produce and improve hand-pumps. Advocacy with local education authorities for their leadership in community education on sanitation and hygiene will be continued.

Nutrition

17. A significant part of under-five malnutrition arises from inappropriate feeding practices, especially a lack of supplementary feeding for infants 4 to 6 months of age and from a high incidence of diarrhoeal morbidity. Education initiatives for women and CDD messages will increase emphasis on nutrition issues and promote the home use of wheat-salt solution during diarrhoea, the use of which has been found to reduce the nutritional impact of diarrhoea. Iodine deficiency disorders (IDD) are a problem in many areas of Afghanistan. A survey is being planned in 1994 and action plans for the affected areas will be made for IDD control in addition to working towards universal iodization of salt in the country.

Women's development

18. Significant progress for women will depend on understanding within Afghanistan of the acceptability of the enhanced roles and opportunities for women within the Islamic tradition. Social communication initiatives to facilitate this include UNICEF cooperation with the British Broadcasting System in 1994 to broadcast dramatic programming that will explore women's roles on the Pashto and Dari language services. Additional activities in 1995 will provide exposure of religious and other opinion and community leaders to activities in other Islamic societies that have enhanced women's opportunities.

Children in difficult circumstances

19. Due to war conditions, nearly every child in Afghanistan is in difficult circumstances. Nevertheless, the orphans of war, the children of widows and displaced families, and children disabled by mines have special needs, and UNICEF has been assisting these children. UNICEF will continue to work with agencies and NGOs in providing treatment with the aim of identifying those children and facilitating their access to treatment. In 1994, UNICEF also will initiate work with teachers on assessing and overcoming war trauma in children and will work to extend this coverage.

Emergency preparedness

20. To enable a rapid response to emergency situations, a stockpile of disaster response materials will be established. These emergency supplies will comprise tents, tarpaulins and blankets to assist mainly internally displaced families.

Programme support

21. In the absence of any national or regional government or NGO networks capable of extensive programme delivery, it has been necessary to establish field bases with the capacity for outreach to provincial centres and communities. These bases are manned by national staff with support from international staff and the United Nations Volunteer programme. Since the evacuation of international staff from Kabul, the programmes of these field-based offices are planned and coordinated from the Afghan Programme Office in Peshawar, Pakistan, which also provides extensive administrative and logistical support. These field offices will remain key to UNICEF effectiveness, as

advocacy and longer-term programme strategies are built on local contacts and credibility gained from emergency assistance. Additional sub-offices are planned for 1994, i.e.: in Bamyan, to serve the central provinces, and at Kandahar for the south-east provinces, which were initiated in December 1992, but are currently closed for security reasons; and in several provincial sub-centres. A supporting administrative and logistics base continues to operate from Peshawar, Pakistan, with missions to other provinces.

## II. CAMBODIA

Basic data (1992 unless otherwise stated)

| | |
|---|---|
| Child population (millions, 0-15 years) | 3.8 |
| U5MR (per 1,000 live births) | 184 |
| IMR (per 1,000 live births) | 117 |
| Underweight (% moderate and severe) | ... |
| Maternal mortality rate (per 100,000 live births) (1989) | 500 |
| Literacy (% male/female) | 48/22 |
| Primary school enrolment (% net, male/female) | ../.. |
| Percentage of grade 1 reaching grade 4 | 50 |
| Access to safe water (%) | 36 |
| Access to health services (%) | 53 |
| GNP per capita | $200 |

One-year-olds fully immunized against:

| | |
|---|---|
| tuberculosis: | 50 per cent |
| diphtheria/pertussis/tetanus: | 32 per cent |
| measles: | 33 per cent |
| poliomyelitis: | 32 per cent |

Pregnant women immunized against:

| | |
|---|---|
| tetanus: | 22 per cent |

22. The current programme for Cambodia was approved by the Executive Board in 1992 for the period 1992-1994 with an allocation of $6,000,000 from general resources for 1993-1994 (E/ICEF/1992/P/L.19) in addition to the amount of $3,000,000 from general resources for 1992 approved by the Executive Board at its 1991 session (E/ICEF/1991/P/L.12). The annual planning levels were increased from $3,000,000 to $3,500,000 in 1992 and to $3,780,000 in 1993 because of the rapidly changing programme environment which necessitated additional programme support at the provincial level and coordination at the national level, additional security services and equipment, and the temporary evacuation of staff dependants.

23. The Executive Director requests Executive Board approval of an allocation of $4,280,000 from general resources for 1994-1995 in order to maintain the annual planning level at $3,000,000 and to maintain programme continuity in 1994. For this reason, additional general resources in the amount of $1,280,000 are being requested for 1994. In addition, in view of the opportunity for UNICEF to prepare the first country programme of cooperation with the newly elected Government of Cambodia which is in the process of strengthening its planning capacity, the Executive Director plans to present the new country programme to the Executive Board in 1995 and recommends an extension of the

1992-1994 programme by one year with a request for $3,000,000 from general resources for 1995.

24. The signing of the Paris Peace Agreement in 1991 generated a process towards Cambodia's return to a state of peace following 20 years of civil war. The United Nations Transitional Authority in Cambodia (UNTAC), with its peace-forces and a key supportive role in civil administration, successfully assisted Cambodia in electing its own Government and in repatriating 370,000 refugees from Thailand jointly with UNHCR in 1992-1993. In the midst of these positive developments and hopeful signs of peace and national reconciliation, the country faces extremely precarious economic conditions caused by the destruction of its infrastructure during the civil war and a transition from a centrally-planned economy to a market economy. The delivery of public services continues to be weak with a severe shortage of qualified personnel at all levels of Government.

25. In view of the developments in Cambodia, the Executive Board approved the Executive Director's recommendation in 1993 for the regularization of the country office in Cambodia with the establishment of 14 core posts, including the representative to Cambodia, and an administrative budget for the 1994-1995 biennium (E/ICEF/1993/AB/L.1). The programme funds used for these posts in the past will now be available for assistance to children and women and for building the capacity of the new Government.

26. While UNICEF-assisted programmes draw on a long experience derived from its presence in Cambodia since 1979, these programmes have undergone very significant developments in the last two years. The country programme increased from $7,200,000 in 1991 to an estimated total of $16,000,000 in 1993 with a corresponding increase from 28 to 64 posts. The programme emphasis shifted from the national to the provincial level with increases in service delivery, support to vulnerable groups and capacity-building, and from emergency to rehabilitation and preparation of groundwork for social development. During the last two years, UNICEF has worked closely with UNTAC, UNHCR, UNDP, WHO and the United Nations Educational, Scientific and Cultural Organization (UNESCO) as they established their field operations in Cambodia. UNICEF also has facilitated Government coordination of NGO activities. More than 100 NGOs have begun to work in Cambodia since 1991. Many NGOs are contributing towards institutional capacity-building for programme planning and implementation for children and women, particularly at the provincial and community levels and towards advocacy and social mobilization at national policy and planning levels. The programme will be maintained at the present level for 1994 and 1995 while a new country programme is being planned with the new Government for submission to the 1995 Executive Board.

Recommended programme cooperation, 1994-1995

Estimated annual expenditure

(In thousands of United States dollars)

| | 1994 | 1995 | Total |
|---|---|---|---|
| General resources | | | |
| Social mobilization, advocacy, capacity-building | 150 | 150 | 300 |
| Health | 470 | 350 | 820 |
| Household food security | 130 | 140 | 270 |
| Education | 250 | 330 | 580 |
| Women in development | 130 | 140 | 270 |
| Monitoring and evaluation | 170 | 190 | 360 |
| Programme support | 1 700 | 1 700 | 3 400 |
| Subtotal | 3 000 a/ | 3 000 | 6 000 |

a/ An amount of $1,720,000 from general resources will be carried over to 1994 from the ongoing programme budget, thereby bringing the total general resources from 1994 to the planning level of $3,000,000.

Social mobilization, advocacy and capacity building

27. Cambodia acceded to the Convention on the Rights of the Child in September 1992 and signed the World Summit for Children Declaration in February 1993. Social mobilization and advocacy activities were undertaken and strengthened following the Paris Peace Agreement and during the presence of UNTAC in Cambodia. The communications network established by UNTAC to prepare for the elections was used to disseminate educational messages regarding EPI, use of ORS, the prevention of acquired immune deficiency syndrome, and awareness of landmines. Based on a continuing dialogue between the new Government and UNICEF, provisions of the Convention on the Rights of the Child have been included in the new Constitution. As the new Government develops legislation, it is important for UNICEF to advocate for new laws to reflect the concerns of Cambodia's new institutions for the well-being of children and women and for the protection of their rights. In 1994-1995, UNICEF will work closely with an intersectoral government committee to develop a national programme of action (NPA) which is expected to become part of the new Government's national development plan. UNICEF also will support the collection, analysis and dissemination of information about the situation of children and women for use in planning and monitoring.

28. Since 1991, the Cambodia/UNICEF programme of cooperation has given increasing importance to local capacity-building for programme planning and implementation in view of the shortage of qualified local professionals. At the

expressed request of the Government, UNICEF will provide a team of international professional staff to ensure capacity-building at national and subnational levels and effective programme implementation. The use of highly qualified and experienced personnel has already shown positive results in the health and education programmes. Technical advisers have been posted to four provincial health departments and four education specialists facilitate committees at the Ministry of Education. This form of technical assistance will be continued during the next two years in order to increase Cambodia's capacity to absorb external development assistance.

Health services

29. The main health problems confronting Cambodian women and children that have led to some of the highest morbidity and mortality rates in the world are compounded by other problems specific to Cambodia, including the massive presence of landmines, the reintegration of refugees repatriated from border camps and the presence of displaced persons within the country. To alleviate this situation, the UNICEF-supported programme will expand ongoing activities for strengthening the health care system at the district and commune level from five provinces in 1994 to nine of the country's 21 provinces in 1995. Activities will include assistance to strengthen the organization of a referral system, training, health education and provision of supplies and equipment. Technical assistance will be provided by health advisers stationed in five provinces.

30. UNICEF has assisted the Government in organizing a reliable essential drugs supply system which now covers more than 75 per cent of all health facilities. This will be expanded to 90 per cent by 1995. Immunization coverage is expected to reach 80 per cent in 5 of the 21 provinces in 1994 and in 12 provinces by 1995, representing more than 70 per cent of the population. A new health information and management information system will be installed to improve planning and monitoring. Linkages with other UNICEF-supported water supply and sanitation, household food security, women in development and education projects will be strengthened.

Household food security

31. Malnutrition affects a significant percentage of women and children who suffer from a chronic insufficiency of food, limited access to health care, lack of safe drinking water, and poor food habits and health practices. Since 1987, the family food production project supported by UNICEF reached nearly 60,000 families and demonstrated approaches to improve food security for disadvantaged families. The project has provided funds for technical and supply assistance for household gardening, small animal raising and fish ponds. Nutrition concerns, such as micronutrient deficiencies, are addressed as an integral part of the health programme. The project is implemented by provincial and district coordinating committees comprised of representatives from the Ministries of Agriculture and Education and the Women's Association. Approximately 40,000 additional families will benefit from the project in 1994 and 1995.

Education

32. In spite of considerable efforts made by the country in the 1980s under conditions of isolation and economic insecurity, the educational system will not be able to guarantee education for all without substantial external support and a thorough overhaul of the system. The school system is constrained by limited financial resources, obsolete pedagogical methods due to the prolonged isolation of the country, poor teacher training and a lack of textbooks. In the past two years, the education programme supported by UNICEF has begun to provide some initial remedies. A programme to improve and test student and teacher competencies has been established with technical assistance from a team of experts from neighbouring countries. The programme, implemented by the Ministry of Education with technical support from NGOs, reaches the provincial level through support for teacher-training colleges and school systems. It develops and shares expertise among school clusters in four selected provinces. Support for the production of textbooks has increased the number of textbooks from 200,000 in 1991 to over 2,000,000 in 1993. The programme will continue through 1995 and is complementary to a long-term project proposed by UNDP/UNESCO for capacity-building in education and human resources development and the emergency teachers training and education sector analysis project funded by the Asian Development Bank (AsDB).

Women in development

33. Women represent between 55 and 60 per cent of the adult population of Cambodia, and more than one quarter of the families are headed by single women. More than 75 per cent of all women are illiterate. Although women still experience gender disparity, their responsibilities for the family economy and the role they play in the care and education of children make them primary agents of development. The current programme uses a rural credit system to provide female heads of households with loans to be used for small livestock, food processing and drying, handicrafts and other small projects. While 10,000 women received loans and 1,850 benefited from cow bank loans in 1990-1993, the number of participating women will increase by 7,000 in 1994 and by an additional 6,000 in 1995. Efforts will be made to link these women's groups with water supply/sanitation and functional literacy projects to promote a convergence of basic services.

Monitoring and social statistics

34. The absence of reliable statistical data constitutes a severe handicap for programme monitoring and evaluation. A serious effort is currently being made to collect the basic data necessary for a better knowledge of the situation in the country. UNICEF, in cooperation with other organizations such as the United Nations Population Fund (UNFPA), UNDP and AsDB, will support this effort. With regard to the health sector in particular, the effort to define and implement a new health information system will be intensified.

Cooperation with international and non-governmental organizations

35. In contrast with the period of international isolation in the 1980s when UNICEF programmes and those of a limited number of NGOs constituted most of the assistance provided in the field of social services, the last two years have seen the establishment in Cambodia of the principal agencies of the United Nations and the arrival of more than 100 NGOs. An informal cooperation and coordination network has been set up between UNICEF and more than 50 NGOs. Whenever possible, UNICEF has facilitated Government coordination of NGO activities, notably in the health sector, where a coordination committee chaired by the Minister of Health has been established.

36. Cooperation with other United Nations agencies has been particularly active in the last two years and received formal expression in an international seminar on education organized jointly by UNESCO, UNDP and UNICEF. Programmes concerned with health have been coordinated with WHO. Drinking water and family food production projects were adapted to facilitate the repatriation of refugees by UNHCR. UNICEF well-drilling equipment was transported by the United Nations Transitional Authority in Cambodia (UNTAC) helicopter to districts isolated by the presence of landmines. The logistical capabilities put in place by UNTAC to support the electoral process also were used to deliver textbooks and essential drugs to the most remote districts. Finally, UNICEF was associated with the activities of the UNTAC Rehabilitation and Civil Administration Components. These recent examples illustrate how cooperation and coordination among various organizations working in Cambodia will facilitate synergy between programmes in 1994-1995.

## III. MONGOLIA

Basic data (1992 unless otherwise stated)

| | |
|---|---|
| Child population (millions, 0-15 yrs) | 1.0 |
| U5MR (per 1,000 live births) | 86.6 |
| IMR (per 1,000 live births) | 60 |
| Underweight (% moderate and severe) | 12.3 |
| Maternal mortality rate (per 100,000 live births) | 205 |
| Literacy (% male/female) | ../.. |
| Primary school enrolment (% net, male/female) | ../.. |
| Percentage of grade 1 reaching grade 4 | .. |
| Access to safe water (%) | 50 |
| Access to health services (%) | 80 |
| GNP per capita | $160 |
| One-year-olds fully immunized against: | |
| tuberculosis: | 83 per cent |
| diphtheria/pertussis/tetanus: | 64 per cent |
| measles: | 84 per cent |
| poliomyelitis: | 54 per cent |
| Pregnant women immunized against: | |
| tetanus: | .. per cent |

37. The current country programme of cooperation for Mongolia for the period 1991-1995 was approved by the Executive Board in 1991 with a total allocation of $2,500,000 from general resources (E/ICEF/1991/P/L.22). Because of the increased availability of general resources and the urgent need to fill some of the resources gaps identified by the Government, the annual planning level for the country programme was increased from $500,000 to $750,000 in 1992-1993 and has been further increased to $900,000 for 1994 and 1995.

38. The Executive Director requests approval of an allocation of $2,261,000 from general resources and $900,000 from supplementary funds for 1994-1996. In order to maintain the annual planning level at $900,000 for 1994 and 1995, additional general resources in the amount of $1,361,000 are being requested for 1994-1995. In addition, in view of the need to prepare the new country programme in the changing situation in Mongolia, the Executive Director recommends a one-year extension of the 1991-1995 programme with a request for $900,000 from general resources for 1996 and $900,000 from supplementary funds for the period 1994-1996.

The situation of children and women

39. Mongolia has developed a social services infrastructure that has produced a high level of literacy, estimated at 90 per cent, and made basic education and health services accessible to nearly everyone. Thus socio-economic disparity was kept to a minimum by a system of near-universal entitlements. These supports created a relatively stable and egalitarian society for several decades. However, Mongolia is undergoing a rapid transition from a centrally-planned economy to an open market economy. Economic difficulties are manifested by high inflation of 150 per cent, high Government budget deficit, and low foreign exchange reserves in 1991 and 1992. The rise of unemployment, together with an overall price increase of 1,554 per cent (from January 1991 to August 1993) and diminishing real income, has led to between 360,000-400,000 persons (16 to 18 per cent) living below the poverty line.

40. One of the most serious side effects of the transition to a market economy has been the dissolution of the collective system which provided the mechanism for a safety net of social services. While new mechanisms to provide the safety nets are being developed, a marked decline in immunization coverage, school attendance and other social indicators is evident. Special support and assistance from the international community is considered critical during this period of transition.

41. Government expenditure for health, education and other social services has started to decline. Total current expenditures in 1991 for national and provincial/city-level governments, amounted to 52 per cent of gross domestic product (GDP), while in 1992 this had fallen to 22 per cent of GDP. Over the same period, expenditures for health services went from 5.1 to 2.9 per cent, for education from 10.2 to 5.3 per cent, and social security from 4.5 to 1.8 per cent of GDP. The impact of these changes on health, nutritional status and well-being of children and women is not fully known, primarily owing to a lack of adequate comparative data and effective surveillance systems. However, child immunization coverage levels, which were well above 80 per cent for each of the six antigens reported for 1989 through 1991, declined to below 80 per cent in 1992; combined diphtheria/pertussis/tetanus was 64 per cent and polio was 54 per cent.

42. An upswing in maternal mortality to 205 deaths per 100,000 live births since 1992 has increased mortality for rural women. Probable contributing factors include limited availability of fuel and vehicles, with resulting delays in transport of high-risk women to referral levels; the closing of "maternal rest homes", previously maintained in every suman (district) centre to provide rural women with accommodations for two weeks prior to delivery; and vulnerability of mothers due to marginal literacy and poverty. Nutritional status of both children and women is of concern. Although the 1992 child nutrition survey found an overall prevalence of only 12.3 per cent low weight-for-age below 2 standard deviations of the norm, and 2.4 per cent below 3 standard deviations of the norm in children aged 0-4 years, monitoring of the situation will be important to respond to any downward trend in nutritional status.

43. Mongolia has made major strides in basic education. The estimated literacy rate of 90 per cent reflects many decades of strong government commitment to providing basic education for children in the 8 to 15-year-old age-group and to literacy programmes for youth and adults. However, conditions are changing which make it difficult for Mongolia to sustain its achievements in basic education. For example, rising costs of textbooks, clothes and shoes mean some families cannot afford to send their children to school. The dissolution of livestock cooperatives and privatization of herds is increasing the demand for children's labour at home, thus raising the opportunity cost of schooling. Low salaries and new opportunities in a changing economy are prompting some teachers to choose other occupations. Increased food and heating costs have resulted in closure of primary school hostels, which previously housed the children of nomadic families. All those conditions have led to a rapidly increasing number of children dropping out before completion of primary school and to a perceived deterioration in the quality of basic education; 25 per cent of primary-school-age children have reportedly dropped out, mainly from the 4th, 5th, and 6th grades, and particularly in rural areas. Since 1990, the number of school drop-outs has increased fivefold; at the end of 1992, there were 72,000, and in 1993 there were more than 100,000.

44. The problems of child neglect, abandonment and poverty appear to be on the increase. A survey conducted in 1992 indicated that there were over 10,000 orphans and 39,000 single-parent children. There are over 40,000 disabled children of whom about 25,000 are classified as mentally retarded. In addition to the problems of disabled children, there is a need to address the problems of other children with special needs, for example, street children, as their numbers seem to be increasing. The number of children involved in delinquency and crime increased from 640 in 1991 to 885 in 1992.

45. In conclusion, concerted attention from the Government and international community is needed to prevent further decline of basic services. This suggests an emphasis on service delivery, with support to help rebuild service delivery systems that were already well in place and functioning.

Past programme cooperation, 1991-1993

46. The country programme for the period 1991-1993 focused mainly on health and nutrition. UNICEF assistance in health focused primarily on support for sustaining an effective diarrhoea management programme, sustaining EPI, the establishment of a community-based programme for the control of ARI, and promoting safe motherhood and improved child spacing.

47. UNICEF assistance in nutrition included establishment of a national system for nutrition surveillance; routine growth monitoring and promotion for children under five years old; control of IDD by developing intersectoral capacity in IDD control; control of rickets with enhanced capacity of the Ministry of Health and the Nutrition Research Centre (NRC) for surveillance and intervention; launching of the Baby-Friendly Hospital Initiative (BFHI) for all hospitals and properly-timed introduction of appropriate supplementary foods, with enhanced capacity of the Ministry of Health and NRC to monitor hospital and household infant feeding practices; and nutrition information to spread awareness of

infant and child nutrition problems and needs among government officials, physicians and other health workers, and especially parents.

Recommended programme cooperation, mid-1994-1996

Estimated annual expenditure

(In thousands of United States dollars)

| | 1994 | 1995 | 1996 | Total |
|---|---|---|---|---|
| General resources | | | | |
| Child health | 350 | 350 | 350 | 1 050 |
| Nutrition | 260 | 260 | 260 | 780 |
| Education | 75 | 75 | 75 | 225 |
| Family/child welfare | 75 | 75 | 75 | 225 |
| Programme support | 140 | 140 | 140 | 420 |
| Subtotal | 900 | 900 | 900 | 2 700 |
| Supplementary funding | | | | |
| Child health | 200 | 200 | 200 | 600 |
| Nutrition | 100 | 100 | 100 | 300 |
| Subtotal | 300 | 300 | 300 | 900 |
| Total | 1 200 | 1 200 | 1 200 | 3 600 |

a/ An unexpended balance of $439,000 from general resources will be carried over to 1994. Additional general resources in the amount of $461,000 are requested for 1994, thereby bringing the three-year general resources total to $2,261,000.

Country programme framework

48. The basic framework for the country programme for 1994-1996 in Mongolia is derived from the current country programme, the NPA and country development priorities. The NPA provides Mongolia with a comprehensive framework for achievement of national goals for the survival, protection and development of children in the 1990s. To strengthen advocacy and social mobilization, the Government will sponsor a workshop for officials from sectoral ministries and members of the parliament to raise their awareness of NPA goals and to define their roles in the implementation and monitoring of these goals. The national workshop will be followed by similar activities at city/provincial and district levels in cooperation with local governments. An NPA Coordinating Committee, with participation of principal ministries and organizations, will assess progress and chart strategies for resource generation and political mobilization in support of the NPA. New mechanisms are being developed to provide a safety

net of social services during the period of transition. These mechanisms may build upon a more collaborative set of roles among the national Government, local governments, NGOs and the private economic sector.

49. As stated above, this three-year programme will concentrate on preventing further deterioration of basic social services to help ease the transition to a more market-oriented economy. Preparation of the country programme has involved consultation with the National Development Board (NDB), participation of sectoral ministries and the National Centre for Children (NCC). The country programme is intended to build local capacity to implement, monitor and evaluate programme activities as well as to promote maximum community involvement in all these undertakings. As follow-up to the NPA, a total of 14 mid-decade goals for Mongolia have been elaborated recently: six relate to child health; six to nutrition; one to primary education; and one to care for children in especially difficult circumstances. This three-year programme will provide partial support to carry child-related development activities through a particularly difficult economic period. Many high priority activities initiated in the 1991-1993 cycle will be continued and enhanced; some activities will be refocused so they will be more fully supportive of the achievement of the mid-decade goals.

50. In addition to the basic framework, this programme of cooperation will endeavour to mobilize strategic partners within the Government, NGOs and sister United Nations agencies to direct their projects and resources towards the attainment of the NPA and the proposed country programme. Furthermore, a critical strategy in the achievement of the objectives of the programme of cooperation will be the strengthening of intersectoral and sectoral coordination for increased efficiency in the use of human and financial resources.

Child health

51. The objectives of the UNICEF-assisted health activities will be to support achievement of the following mid-decade goals for Mongolia: (a) universal child immunization (UCI)/EPI: coverage greater than 80 per cent for all six EPI antigens by one year of age; eradication of poliomyelitis; elimination of neonatal tetanus; and reduction of measles cases by 90 per cent and deaths by 95 per cent; (b) CDD: correct ORT use and feeding practices for at least 80 per cent of diarrhoeal episodes in children under five years old; (c) control of ARI: standard ARI case management available, including adequate supply of drugs, in all hospitals and clinics; and (d) promotion of a safe motherhood initiative to reduce maternal mortality by 30 per cent.

52. The vaccine component of the UCI programme was covered mainly by WHO through the end of 1993. The demand for vaccines has grown in response to an increase in the target population, and WHO alone can no longer support this activity due to resource constraints. Thus UNICEF and the Government will support efforts of the Ministry of Health to ensure adequate supplies of essential vaccines, increase immunization coverage, strengthen and maintain the cold chain, and strengthen monitoring and surveillance capacity. With regard to CDD, over 1,500 physicians and other health workers have received CDD case management training since 1990, with UNICEF assistance. This training will be continued, with greater emphasis on hands-on practices. In past years, ORT "corners" have been set up in all 310 hospitals during the diarrhoea season

between June and August for the purpose of instructing parents in home therapy. This activity will receive ongoing support. Capacity for monitoring and measuring progress towards CDD goals will be strengthened in collaboration with WHO. Hygiene education and communication, based on Facts for Life and utilizing radio and television, as well as print media, will be undertaken in cooperation with the water supply and sanitation technical assistance and capacity-building project recently initiated by UNDP, the World Bank and the Government of Sweden.

53. With regard to ARI, UNICEF will continue to support the National ARI Control Programme, implemented jointly by the Ministry of Health and WHO, to reduce mortality from pneumonia and other ARI through improved case management, as well as prevention. In addition to training of physicians and other health workers, improved ARI case management will require a dependable supply of antibiotics at all levels, with adequate oxygen delivery capability at all referral hospitals. With regard to the safe motherhood initiative, UNICEF will continue to support the national safe motherhood programme which includes activities such as BFHI, antenatal and post-natal care, in-service training of 1,400 MCH workers and training of mobile health workers to cover 25 per cent of the nomad population. The programme was established by the Ministry of Health, with assistance from UNFPA and UNICEF.

Nutrition

54. The objectives of UNICEF-assisted nutrition programme will be to support the achievement of the following mid-decade goals: (a) promotion of breast-feeding: all hospitals practising the "10 steps" and certifiable as baby-friendly by 1995; exclusive breast-feeding rate over 60 per cent; and a continued breast-feeding rate (at one year) of over 85 per cent; (b) reduction of protein-energy malnutrition: reduction of below 2 standard deviations for weight/age and height/age in children under five years old to 10 per cent and 15 per cent, respectively; (c) virtual elimination of IDD: all salt produced and imported for human consumption to be adequately iodized; and (d) virtual elimination of rickets/vitamin D deficiency: vitamin D supplementation provided to at least 80 per cent of children less than three years of age.

55. UNICEF will support BFHI training to introduce the "10 steps" and other BFHI concepts as widely as possible and to produce a cadre of 12 master trainers at the national level. The master trainers will hold training sessions in three cities and 18 provincial hospitals throughout Mongolia. Trainers in each province, with the support of a master trainer, will then train staff of 310 district hospitals. UNICEF will support information, education and communication activities to raise awareness of the benefits of breast-feeding in the entire population, with particular attention to mothers. Government policy makers and physicians will be provided with special advocacy tools to promote and support successful breast-feeding.

56. NRC holds primary responsibility for nutrition surveillance. UNICEF will support efforts to strengthen the capacity of NRC for the collection and analysis of data on the nutritional status of children and household food availability/security, and to carry out additional field investigations to monitor changes during the present transition period. With regard to IDD, UNICEF will continue to support selected activities of the national IDD control

programme established in 1992 under the Ministry of Health. Activities selected for UNICEF support include compilation of adequate baseline data; development of laboratory and field capacity for monitoring; provision of iodized- oil supplementation to pregnant women and infants; efforts towards full-scale production and country-wide distribution of iodinated salt; and raising awareness of the IDD problem and means for its correction, through the mass media such as radio and television.

Basic education

57. The main objective of the basic education programme is to contribute to the mid-decade goals for Mongolia: completion of primary education by at least 80 per cent of children 14 years of age, through formal schooling or non-formal education of a comparable standard, while virtually eliminating gender disparity.

58. To address the problem of primary school drop-outs and expedite progress towards the mid-decade goal, the newly-proposed programme of cooperation between UNICEF and the Ministry of Science and Education would include the following activities: in-service teacher training, non-formal education and curriculum planning and development; development of complementary non-formal programmes for providing learning opportunities to primary school drop-outs; development of functional and sustainable approaches to retraining-reorientation of primary school teachers to enable them to effectively implement a revised curriculum; and empowerment of parents and family members, via parents' schools, with the knowledge and skills required to help young children meet their developmental and learning needs.

Family and child welfare

59. The main objectives of the UNICEF-supported family and child welfare programme are: (a) to improve the socio-economic status of women by enhancing their literacy level and earning capacity; (b) to improve child-rearing practices; and (c) to provide improved protection for children in especially difficult circumstances.

60. In cooperation with NCC, UNICEF will support efforts to improve the status of women through income-generating activities linked with literacy programmes. UNICEF will support efforts to strengthen the capacity of NCC to disseminate information to improve child-rearing practices and the involvement of parents and caretakers in meeting the development needs of children and ensuring that their rights are protected. Training programmes will be supported for activities in social mobilization and media planning.

61. UNICEF will support activities for children in especially difficult circumstances initiated by NCC to study street children and neglected children in all cities and selected provincial centres, using survey and rapid assessment procedure methods; provide needed technical assistance to NCC; develop indicators and establish a national monitoring system in cooperation with city and provincial social services, police and NGOs; and conduct a national workshop for city/provincial directors of social services and NCC to review findings of the study, identify risk factors and root causes of street/neglected child

phenomena, and develop strategies for prevention by providing technical assistance.

Programme coordination and management

62. The country programme is coordinated by NDB headed by the chairman, who is also Minister of State. Through this link, UNICEF works directly with national sectoral ministries such as those for health and education, and with NGOs, such as the Mongolia Women's Federation (MWF) and Mongolia Red Cross. Specifically, health and nutrition projects are coordinated through the Ministry of Health; education projects through the Ministry of Science and Education; and for children in especially difficult circumstances through NCC. Programme support for national, regional and local capacity-building in planning, monitoring and evaluation for children will be provided through NDB, NCC, MWF and the NGOs.

63. Programme coordination will be maintained by the assistant representative under the direct supervision of the representative of the Beijing area office for China and Mongolia. In addition to the assistant representative, the Ulaanbaatar office is staffed, by one national programme officer, an assistant programme officer and an administrative and finance assistant to administer the Mongolia country programme.

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